

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED ELM, BRIAN WILLIAM		VOUCHER NUMBER																																																																																																																																						
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:07-000026-001		5. APPEALS DKT./DEF. NUMBER																																																																																																																																						
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. ELM		8. PAYMENT CATEGORY Felony																																																																																																																																						
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1623.F – FALSE DECLARATIONS BEFORE GRAND JURY/COURT																																																																																																																																										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS RAZZANO, JOSEPH C SUITE 2A, ASPINALL AVENUE HAGATNA GU 96910 Telephone Number: (671) 477-9891			13. COURT ORDER																																																																																																																																							
			<input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Leilani R. Toves Hernandez 05/01/2007 By Order of the Court 04/26/2007 04/30/2007 Date of Order _____ Name Prob Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																																							
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) TEKER TORRES AND TEKER PC 130 ASPINALL AVENUE SUITE 2A HAGATNA GU 96910																																																																																																																																										
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